

## TABLE OF CONTENTS

### **INFORMATION ..... 2**

I.	INTRODUCTION .....	3
A.	Eligible Applicants .....	3
B.	Project and Budget Periods .....	3
C.	Use of Funds .....	4
D.	Match .....	4
E.	Schedule of Events (subject to change at the discretion of TDH) .....	5
II.	PROGRAM INFORMATION.....	5
A.	Background .....	5
B.	Program Legal Authority.....	6
C.	Mission.....	6
D.	Definitions.....	6
E.	Purpose and Program Expectations .....	8
F.	Program Design.....	9
G.	Program Requirements .....	11
H.	Texas Department of Health Requirements .....	13
I.	TDH Contact .....	13
III.	APPLICATION DEADLINE AND SUBMISSION .....	14
A.	Letter of Intent .....	14
B.	Application Deadline.....	14
C.	Submission .....	14
IV.	APPLICATION REVIEW, SELECTION & NEGOTIATION.....	15
A.	Screening Process .....	15
B.	Evaluation Process .....	16
C.	Evaluation Criteria .....	16
D.	Selection and Negotiation .....	16
V.	TDH ADMINISTRATIVE INFORMATION.....	17
A.	Incurring Costs and Rejection of Applications .....	17
B.	Right to Amend or Withdraw RFP.....	17
C.	Financial and Administrative Requirements .....	17
D.	Authority to Bind TDH .....	18
E.	Contracting with Sub-recipients and Vendors.....	18
F.	Historically Underutilized Business (HUB) Guidelines.....	18
G.	Contract Information.....	19
H.	Contract Award Protest Policy.....	19

### **CONTENT AND PREPARATION ..... 19**

VI.	APPLICATION CONTENT .....	19
A.	Instructions for Preparation .....	19
B.	Confidential Information .....	20
C.	Table of Contents.....	20
VII.	BLANK FORMS AND INSTRUCTIONS.....	21
	Texas Department of Health FORM A: FACE PAGE – Application for Financial Assistance.....	23
	FORM A: FACE PAGE Instructions.....	25

FORM B: APPLICATION CHECKLIST .....	26
FORM C: CONTACT PERSON INFORMATION.....	27
FORM D: ADMINISTRATIVE INFORMATION.....	28
FORM E: APPLICANT BACKGROUND AND EXPERIENCE .....	30
FORM F: PROJECT COLLABORATION REQUIREMENTS.....	31
FORM G: ASSESSMENT of NEED and PROGRAM NARRATIVE .....	32
FORM H: SERVICE INFORMATION SUMMARY .....	33
FORM I: PERFORMANCE MEASURES .....	34
FORM I: PERFORMANCE MEASURE Guidelines .....	35
FORM J: OPERATING PLAN.....	36
FORM K: BUDGET SUMMARY .....	38
FORM K: BUDGET SUMMARY Instructions .....	39
FORM K: BUDGET SUMMARY Sample.....	40
DETAILED BUDGET CATEGORY FORMS General Information.....	41
FORM K-1: PERSONNEL Budget Category Detail Form .....	43
FORM K-1: PERSONNEL (MATCH) Budget Category Detail Form .....	44
K-1: PERSONNEL Budget Category Detail Form Sample .....	45
FORM K-2: TRAVEL Budget Category Detail Form .....	47
FORM K-2: TRAVEL (MATCH) Budget Category Detail Form .....	48
FORM K-2: TRAVEL Budget Category Detail Form Sample .....	49
FORM K-3: EQUIPMENT Budget Category Detail Form.....	51
FORM K-3: EQUIPMENT (MATCH) Budget Category Detail Form.....	52
FORM K-3: EQUIPMENT Budget Category Detail Form Sample .....	53
FORM K-4: SUPPLIES Budget Category Detail Form.....	54
FORM K-4: SUPPLIES (MATCH) Budget Category Detail Form.....	55
FORM K-4: SUPPLIES Budget Category Detail Form Sample .....	56
FORM K-5: CONTRACTUAL Budget Category Detail Form.....	57
FORM K-5: CONTRACTUAL (MATCH) Budget Category Detail Form.....	58
FORM K-5: CONTRACTUAL Budget Category Detail Form Sample .....	59
FORM K-6: OTHER Budget Category Detail Form.....	60
FORM K-6: OTHER (MATCH) Budget Category Detail Form.....	61
FORM K-6: OTHER Budget Category Detail Form Sample .....	62
FORM K-7: INDIRECT COST Budget Category Detail Form.....	64
FORM K-7: INDIRECT COST Budget Category Detail Form Sample .....	65
FORM L-1: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-IGA) .....	66
FORM L-2: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-DGFE) .....	67
FORM L-3: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-SSD)....	68
FORM L-4: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-QSR) ...	69
FORM M: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM .....	70
APPENDIX A TDH ASSURANCES AND CERTIFICATIONS.....	71
APPENDIX B REGIONAL DIRECTORS OF SOCIAL WORK SERVICES.....	75

## INFORMATION

## I. INTRODUCTION

The Texas Department of Health (TDH), Children with Special Health Care Needs (CSHCN) Division, announces the expected availability of fiscal year (FY) 2004 funding to provide family support services for children who are medically fragile and medically complex.

This Request for Proposal (RFP) contains the requirements that all applicants shall meet to be considered for funding. Failure to conform to these requirements may result in disqualification of the applicant without further consideration. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

Before completing the application, refer to any relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations.

### **PLEASE READ ALL MATERIALS BEFORE PREPARING THE APPLICATION.**

#### **A. Eligible Applicants**

Eligible applicants include public and private agencies and organizations that are current or potential providers of services for children with special health care needs. If applicant is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, applicant is ineligible to apply for funds under this RFP.

#### **B. Project and Budget Periods**

Approximately \$80,000 is expected to be available to fund 1 -4 project(s). The specific dollar amount awarded to each applicant depends upon the merit and scope of the proposed project.

It is expected that the contract will begin on or about November 15, 2003, and will be made for a nine and half month budget period within a project period of approximately two years.

Continued funding in future years is **contingent** upon the availability of funds and the satisfactory performance of the contractor during the prior budget period. Funding may vary and is subject to change each budget period. TDH reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. TDH will monitor the contractor's expenditures on a quarterly basis. If expenditures are below that projected in the contractor's total contract amount as shown in SECTION III. BUDGET, of the executed contract, a contractor's budget may be subject to a decrease for the remainder of the

Attachment term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

### **C. Use of Funds**

Funds are awarded for the purposes specifically defined in this RFP and shall not be used for any other project. Funds may be used for family support services including respite care, camp scholarships, specialized childcare costs, parent/family member training and education, and resource lending services, as described in Section II. Funds shall not be used to supplant local or state funds. Funds may not be granted to families whose children received family support services from waiver programs such as Medically Dependent Children Program (MDCP).

### **D. Match**

This RFP requires that applicants provide private (non-governmental) match under this grant. Applicants must provide a minimum of a 100% match, one (1) private dollar for every one (1) contractual dollar. Applicants must identify the available private match by each specific source(s) and the amount(s) per source. Details of each matching dollar must be specified on Forms K-1 through K-7. The funds (both contract and private match funds) must be used solely for family support services activities. Projects that voluntarily propose overmatch may receive favorable consideration and will be accountable for providing the higher match rate throughout the contract period.

**Reimbursement from the Texas Department of Health will depend on the contractor's ability to generate match.**

Private matching funds may be cash or in-kind contributions. In-kind contributions represent the value of non-cash contributions provided by the applicant. They may be in the form of volunteer services, charges for real property and non-expendable personal property, and the value of goods and services directly benefiting the program. The value placed on donated or volunteer services 1) must be reasonable, 2) must be valued at the current market value of equal goods or services within the area in which the scope of work is being performed, and 3) must be documented to the satisfaction of TDH before being accepted as match. For further information regarding documentation and contract requirements, review the Texas Department of Health website information at <http://www.tdh.state.tx.us/grants>.

Costs and in-kind contributions counting towards satisfying a cost-sharing or matching requirement must be verifiable from the applicant's records. The records must show the method for deriving the value placed on the in-kind contributions. To the extent feasible, volunteer services will be supported by the same methods that the applicant uses to support the allocation of regular personnel costs. In-kind contributions count toward satisfying a cost-sharing or matching requirement only where, if the party receiving the contributions were to

pay for them, the payments would be allowable costs against this grant. Matching funds must be expended during the contract period. In-kind services counted toward match must be utilized during the contract period.

**E. Schedule of Events (subject to change at the discretion of TDH)**

1. Post to the Electronic State Business Daily	08/08/03
2. Issuance of RFP	08/08/03
3. Bidders' Conference*	08/25/03
4. Deadline for Submitting Questions	09/08/03
5. Letter of Intent Due (received by TDH)	09/10/03
6. Final Posting of Answers to Questions	09/12/03
7. Deadline for Submission of Applications	09/15/03
8. Written Notification to Selected Applicants	10/15/03
9. Written Notification to All Applicants	10/15/03
10. Post Awards on ESBD	10/15/03
11. Expected Contract Begin Date	11/15/03

\* Potential applicants will contact the TDH regional office in their area for the time and location. See Appendix B for contact information.

**II. PROGRAM INFORMATION**

**A. Background**

The mission of the Bureau of Children's Health is to provide leadership in assessing, prioritizing and addressing the health needs of children and adolescents in Texas; to promote the health of families through advocacy and education; and to ensure access to high-quality, community-based, preventive, primary, and specialty health care. Planning, policy development, and services for children with special health care needs are the responsibility of the CSHCN (Children with Special Health Care Needs) Division. In addition, the CSHCN Division is the responsible entity in Texas in assuring "the development of community-based systems of care for children with special health care needs", as required by the federal Maternal and Child Health Services Block Grant, Title V of the Social Security Act. Effective partnerships among communities, federal and state entities, families, professional and private organizations and other stakeholders have facilitated a new model of serving CSHCN. This model of community-based, family-centered, culturally competent and coordinated care, delivered within comprehensive and integrated systems of care, has become the standard for all children. (For more information, please review "Achieving and Measuring Success: A National Agenda for Children with Special Health Care Needs" at [www.mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm](http://www.mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm).)

## **B. Program Legal Authority**

The Services Program for Children with Special Health Care Needs is supported by Title V of the Social Security Act, CFDA 93.994 from the Maternal and Child Health Services Block Grant, and the Texas Services Program for Children with Special Health Care Needs, authorized by the Texas Health Safety Code, Chapter 35. According to 25 Texas Administrative Code §38.1, the Texas Legislature created the CSHCN Program of the Texas Department of Health to provide services to eligible children with special health care needs in the areas of:

- early identification of children with special health care needs;
- diagnosis and evaluation of children with special health care needs;
- rehabilitation services to children with special health care needs;
- development and improvement of standards and services for children with special health care needs;
- case management;
- other family support services; and
- access to health benefits plan coverage under §35.0031.

## **C. Mission**

Children with special health care needs shall receive services that are comprehensive, community based, and culturally competent. These services shall be integrated with those already provided to the child by the local community.

## **D. Definitions**

### **1. Children with Special Health Care Needs (CSHCN):**

A person younger than 21 years of age who has a chronic physical or developmental condition that:

- will last or is expected to last for at least 12 months; and
- results or, if not treated, may result in limits to one or more major life activities; and
- requires health and related services of a type or amount beyond those required by children generally; and
- must have a physical (body, bodily tissue or organ) manifestation; and

- may exist with accompanying developmental, mental, behavioral, or emotional conditions; but
- is not solely a delay in intellectual development or solely a mental, behavioral and/or emotional condition.

## **2. Children who are Medically Complex**

CSHCN who have a chronic debilitating disease or condition affecting one or more physiological or organ systems that requires daily medical monitoring by appropriately trained personnel who may include family members. These children require access to a complex array of services.

## **3. Children who are Medically Fragile**

CSHCN who have chronic debilitating diseases or conditions of one or more physiological or organ systems that: require access to a complex array of services; depend upon 24 hours a day medical, nursing, or health supervision or intervention; and are technology dependent to sustain life.

## **4. Family-Centered**

The recognition of the importance of the family as the focus of planning and service delivery; the promotion of parent and professional collaboration; a response to family needs; the recognition of individual and family strengths; respect for diversity of families; and the promotion of family choice.

## **5. Community-Based**

Being responsive to identified needs in the community and providing services as near to home as possible.

## **6. Culturally Competent**

Organized so as to be sensitive to culture; competent to serve culturally diverse groups; and able to honor and respect culturally-related beliefs, traditions, values, interpersonal styles, attitudes and behaviors.

## **7. Unduplicated Number to be Served**

The number of children projected to be served during the contract term. A child should be counted only once regardless of the number of services he/she will receive and regardless of discharge and re-admission to the program during the contract term.

## **8. Family Supports**

Disability-related supports, resources, or other assistance provided to the family of a child with special health care needs.

## **9. Respite services**

Support options provided on a short-term basis for the purpose of relief to the primary caregiver of the child who is medically fragile or medically complex. Respite services may be provided in “in-home” or “out-of-home”



settings.

#### **10. Specialized childcare costs**

Costs above and beyond the cost for typical childcare related to the child's disability or medical condition. Funds should cover the cost of those services that allow the child to participate in inclusive daycare.

#### **11. Voucher model**

A model of delivering support services that allows the family to choose their own provider/s. The sponsoring agency gives the family a voucher for a set amount of service. The family then identifies the provider of the service. Once the service is provided, the sponsoring agency pays the provider directly for the amount of service provided. The family is not required to handle the exchange of money, but is allowed the freedom to select the provider.

#### **12. Broker model**

A model of delivering support services that allows the child/family to decide how best to use the funds allocated to them. This model utilizes a support broker who assists the family in developing and implementing the family's plan. Specifically, the broker will help identify the child/family's goals, help develop an individualized support plan, identify informal and generic supports as well as traditional service providers, negotiate rates and contract for services with chosen providers, and monitor the supports for quality.

### **E. Purpose and Program Expectations**

The purpose of the family support services projects is to provide services and supports for families of children who are medically fragile or medically complex. The Division's expectations for this program include, but are not limited to, the following:

- to provide access to individualized services for the child, in coordination with the family, medical/social service providers, the regional TDH/CSHCN office and local case management services, if available;
- to recognize and support the child/family's right to determine and design their array of services, within program guidelines;
- to ensure that services are family-centered and community-based;
- to deliver culturally competent services in such a way as to enhance existing community resources and respect the values of the individual families;
- to enable children who are medically fragile or complex to live within families and develop a positive, enduring relationship with at least one adult; and
- to actively support the development of additional community-based



family support services.

For more information on definitions, concepts, and expectations covered in this section of the Request for Proposals, please refer to the following websites:

Accessibility:

[http://www.medicalhomeinfo.org/web/general\\_med/access.html](http://www.medicalhomeinfo.org/web/general_med/access.html)

Family-Centered, Compassionate and Culturally Effective Care:

[http://www.medicalhomeinfo.org/web/general\\_med/familycent.html](http://www.medicalhomeinfo.org/web/general_med/familycent.html)

Continuous, Comprehensive, Coordinated Care:

[http://www.medicalhomeinfo.org/web/general\\_med/continuous.html](http://www.medicalhomeinfo.org/web/general_med/continuous.html)

## **F. Program Design**

A variety of delivery models will be considered. These include, but are not limited to, the following:

- a sole entity responsible for coordinating or delivering all services;
- sub-contractual relationships for some of the services;
- a broker model;
- a voucher model;
- a network of entities with referral or working relationships, as through a memorandum of understanding or letters of agreement; or
- a combination of delivery methods.

The project(s) must be family-driven and support the following core values:

- Children belong with their families and
- Families know what is best for their family and child.

**Respite services** should include an array of options. These options may include, but are not limited to, the following:

- **In-home respite** – respite services in the family's home by paid providers, volunteers, friends, or others. Some of the advantages of this option include minimal disruption of routines, less exposure to outside illnesses, more control over scheduling, and no need for transportation.
- **Host Families** – respite services in another's home, such as a surrogate-family home. This option enables families to enjoy rest in their own home, allows children to enjoy being with other children, and provides increased availability for drop-in or emergency care.
- **Hospital-sponsored respite** – respite services that are located in or near a children's hospital and staffed by licensed nurses and aides. A major advantage of this option is that should a medical emergency

occur, medical support is readily available.

- **Parents' Night Out/Parents' Time Out** – an option usually sponsored by a local agency, church, or daycare center that allows for both the child with special health care needs and the siblings to have an evening of fun together while the parents enjoy a respite.
- **Camps** – a camping experience for the child while allowing parents a welcome break, especially during the summer.
- **Parent Co-ops** – an exchange of respite hours between families. It can work with as few as two families, but may consist of many more. This type of agreement can be sponsored by an agency or initiated by a small group of parents, especially in a rural area.
- **Respitality** – A free overnight stay in a local hotel. A respite provider is available to provide care for the children while the parents are able to get away from their responsibilities and enjoy themselves.

In order for children to participate in daycare, projects may offer to cover **specialized childcare costs**. TDH/CSHCN funds shall not be used to cover standard or basic daycare costs, i.e., these funds will not cover the entire cost of a child attending daycare, but rather the additional costs of the needed health and medical services. The resulting services that allow children who are medically fragile or medically complex to safely participate in daycare, preferably inclusive daycare, include therapies and nursing services. Examples of children who are medically fragile or medically complex who may require specialized medical/health-related services in order to participate in daycare include children who require enteral/parenteral feedings, infusion therapy, specialized nutrition, respiratory care and treatments (i.e., tracheostomy care), ventilator care, or complex medication administration and monitoring.

Support services may include **payment of workshops, conferences, or continuing education** that help parents/family members care for their medically fragile or medically complex child in their home. The educational activities should relate to the child's condition or help family members in providing the care needed for the child. Travel and per diem costs reimbursed should not exceed state employee rates for travel.

Other support services may consist of **resource lending services** such as books and other printed materials, videotapes/DVDs, new or recycled equipment (such as adaptive and therapeutic equipment, durable medical equipment and accessories), and adaptive toys.

Contractor(s) will work with other entities that address the development of supports and services for children with special health care needs, including children who are medically fragile and complex and participate in appropriate workgroups, coalitions, and committees.

## **G. Program Requirements**

### **1. Policies/Procedures**

The project(s) will establish and maintain administrative, program and personnel policies, procedures, and training for employees and volunteers. The policies and procedures will address requirements found in the TDH Quality Assurance Monitoring on-site evaluation materials. These documents are revised on an annual basis based on RFP requirements, development of new services, changes in state or federal laws, and best practices.

Program and personnel policies and procedures will be accessible and available to all staff and TDH.

### **2. Coordination with TDH Regional Office**

Potential applicants must meet with the appropriate Regional Director(s) of Social Work Services early in the planning process for this RFP (see Appendix B for list and contact information) to discuss population to be served, coordination issues with the region and other service providers, and related matters. Any questions or issues related to the contents of this Request for Proposals must be submitted in writing to TDH. Instructions for contacting TDH are found on page 13 of this document.

All project staff shall coordinate as requested with TDH Regional Office. Project personnel must meet quarterly with the Regional Director of Social Work Services or his/her designee. Contractors are also required to submit a copy of the quarterly performance reports and a list of children served in the format determined by TDH to the regional office (as well as the TDH central office).

### **3. Records Management**

The entity shall have an organized client record system that includes, if appropriate, medical records. The records shall be confidential, secure, and available to the client or guardian upon request with a signed release of information. A complete and accurate record of each child's care and, if appropriate, medical management will be maintained. The entity shall implement a policy that delineates guidelines for the release of confidential information in compliance with state and federal laws, such as HIPAA, Health Insurance Portability and Accountability Act of 1996. The entity shall have a written policy regarding retention and proper disposal of client records.

### **4. Client's Rights**

The entity shall assure confidentiality of client information. Facilities will be designed so that services are provided in a manner that protects the dignity and privacy of the child and family. Services will be provided in a timely

manner. The entity shall have a written policy that guarantees services to clients regardless of their ability to pay. Individuals may not be coerced into services, nor may participation in one service be an eligibility requisite for another. Services shall be provided in such a way that they can be understood by the child/family.

## **5. Evaluation**

The entity will have a plan for internal review and evaluation of its services to assure the provision of quality services in compliance with the CSHCN program/clinic standards.

The entity shall submit reports to the Bureau of Children's Health. The format and content of these reports will be specified by the Bureau and will be used as a paper audit to assure that the project is performing in accordance with this application packet and the requirements of the contract. The Bureau will conduct on-site visits to evaluate the project's adherence to the guidelines and requirements. The on-site visits will be conducted when deemed necessary by the Bureau. The project staff will typically be given two weeks notice and will be consulted for scheduling purposes.

## **6. Patient Co-payment**

Contractors shall implement a co-pay system for services provided. A sliding scale will be developed based on family income and size and provided to the Bureau for approval. No co-payment may be charged to families at or below 100% of poverty. No one will be denied services on the basis of inability to pay.

## **7. Safety**

Contractors who intend to provide facility-based care shall provide an environment that allows for maximum inclusion for children who are medically fragile or complex while insuring each child's safety, including nursing support and individual nursing care plans that outline the necessary interventions to be provided. An assessment of the individual safety needs of each child should be addressed in the nursing care plan. Methods for ongoing observation and monitoring shall be included to address the changing needs of each child. Contractors shall assure that any emergency or safety procedures include specialized procedures for CSHCN who are medically fragile or complex. Contractors shall develop appropriate staff training to address safety issues and individualized plans with evidence of 100% staff completion of training.

Contractors who employ a voucher or broker model shall insure that issues pertaining to the safety of the child are addressed to the satisfaction of the parent/guardian.

## H. Texas Department of Health Requirements

Contractors shall comply with all articles of the General Provisions for Texas Department of Health General Provisions as well as the contract attachment Scope of Work, Special Provisions, and Budget. These include the following:

- Contractors shall conduct project activities in accordance with Quality Care: Client Services Standards for Public Health and Community Clinics, revised June 1997. A copy of this document is found at <http://www.tdh.state.tx.us/nursing/phnpubs.htm>.
- Contractors shall conduct project activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website: <http://www.tdh.state.tx.us/oto/nodiscrfp.htm>.
- Contractors shall comply with applicable sections of the Texas Department of Health Quality Assurance on-site monitoring materials.
- Contractors shall submit quarterly program performance reports and quarterly financial status reports as stated in the contract scope of work and the General Provisions (usually within 30 days of the close of the quarter) in the format determined by TDH.
- Contractors shall bill according the terms and conditions of payment and shall allow on-site inspections as per the General Provisions.
- Contractors shall meet quarterly with the appropriate Regional Director of Social Work Services or his/her designee to coordinate services.

## I. TDH Contact

For purposes of addressing questions concerning this RFP, the contact is Bill Walk. All communications concerning this RFP shall be addressed in writing, by fax or by email to:

**Bill Walk**  
**Procurement and Contracting Services Division**  
**Room T-502**  
**Texas Department of Health**  
**1100 West 49th Street**  
**Austin, Texas 78756-3199**  
**FAX (512) 458-7351**  
**Email : [Bill.Walk@tdh.state.tx.us](mailto:Bill.Walk@tdh.state.tx.us)**

Upon issuance of this RFP, other employees and representatives of TDH will not answer questions or otherwise discuss the contents of the RFP with any potential applicants or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal. This restriction does

not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

The Procurement and Contract Services (PCS) Division is the point of contact with regard to all procurement and contractual matters relating to the services described herein. PCS is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this RFP and any contract awarded as a result of this RFP.

Written inquiries concerning this RFP shall be received no later than **5:00 P.M. C.D.S.T. on 09/08/03**. Questions and answers will be posted on the Electronic State Business Daily (ESBD) at <http://esbd.tbpc.state.tx.us/1380/sagency.cfm> or may be requested by contacting the person listed above.

### **III. APPLICATION DEADLINE AND SUBMISSION**

#### **A. Letter of Intent**

A letter of intent to apply for this funding shall be received by TDH **no later than September 10, 2003**. The letter will identify the entity (name, address, phone number, fax number, and email) that intends to apply for funds for family support services, the projected amount of funds to be requested, and the proposed array of services to be delivered. Letters of intent shall be submitted to:

**Bill Walk  
Procurement and Contracting Services Division  
Room T- 502  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199  
FAX (512) 458-7351**

#### **B. Application Deadline**

The application shall be received on or before the following date and time: **5:00 P.M. C.D.S.T. on 09/15/03. APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE WILL NOT BE CONSIDERED.**

#### **C. Submission**

The original application and 3 copies (total of 4) shall be submitted to:

**Bill Walk  
Procurement and Contracting Services Division  
Room T- 502**

**Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199**

***Ref: RFP # B07-0002.1***

An **additional copy** shall be submitted to the appropriate regional office(s). The addresses are found in Appendix B

If an application is sent by overnight mail or hand-delivered to the TDH address above, the applicant should request a receipt at the time of delivery to verify that the application was received on or before the application due date and time.

If an application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time. TDH will not accept applications by facsimile or e-mail.

Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to 1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or 2) significant weather delays or natural disasters, TDH will, upon receipt of proper documentation showing that the application would have been timely received except for the carrier error, significant weather delay or natural disaster, consider the application as having been received by the deadline.

Applications that do not meet the above criteria will not be eligible for competition and will not be considered.

#### **IV. APPLICATION REVIEW, SELECTION & NEGOTIATION**

Applications will be reviewed according to the criteria below. To maximize fairness for all applications during review, TDH staff may only confirm receipt of an application and are not permitted to discuss the application or its review during the review process. All applications remain with TDH and are not returned to the applicant.

##### **A. Screening Process**

Applications are initially screened for eligibility and completeness. Please use the checklist provided to ensure that all required forms are submitted. The preliminary screening requirements include:

1. Application received on or before the application due date and time.
2. The original application bears an original signature of the authorized official of the applicant organization on the Face Page.



3. HUB forms.

**TDH RESERVES THE RIGHT TO NOT ACCEPT APPLICATIONS THAT DO NOT MEET THESE REQUIREMENTS, AND THE APPLICANT WILL BE NOTIFIED IN WRITING.**

## **B. Evaluation Process**

Prior to the receipt of applications, the Children with Special Health Care Needs Division will establish a review process. Proposals will be reviewed by a team of central office staff and regional staff utilizing a tool developed based on the criteria below. Other factors including past contracting experience, local resources, and distribution of services will be considered. Proposals that do not detail private matching funds will not be considered. Recommendations will be forwarded to the Bureau of Children's Health staff who will make the final determination of funding.

## **C. Evaluation Criteria**

The application sections as required in the Application Instructions will be weighted as follows:

<b>Criteria</b>	<b>Value</b>
Applicant background and experience	10
Project collaboration	15
Assessment and Program Narrative	25
Service Information Summary	10
Performance Measures	5
Operating Plan	20
Budget	15
<b>Total</b>	<b>100</b>

## **D. Selection and Negotiation**

Once award decisions are made, TDH staff is responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the Children with Special Health Care Needs Division and available funds. As funds are never unlimited, it is expected that the applicant(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their proposals in order to achieve the program's goals within available funding limits. This process is commonly referred to as contract negotiation. Applicant shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the CSHCN Program initiates the development of a contract.

Each applicant whose proposal is selected for a contract shall receive written notification. The receipt of the notice does not constitute a fully executed contract. Providers who commence work without a contract signed by both parties are at risk of being unable to invoice TDH for those services and expenses.

Each applicant not selected for a contract will receive a written notification that its proposal will not be funded.

## **V. TDH ADMINISTRATIVE INFORMATION**

### **A. Incurring Costs and Rejection of Applications**

Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable costs. TDH reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant in the development, submission, or review of the application.

### **B. Right to Amend or Withdraw RFP**

TDH reserves the right to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of TDH and the State of Texas. The decision of TDH is administratively final. Amendment or withdrawal of the RFP will be posted to the Electronic State Business Daily.

### **C. Financial and Administrative Requirements**

All contractors shall follow applicable cost principles, audit requirements, and administrative requirements as follows:

#### **Financial and Administrative Requirements**

<b>Applicable Cost Principles</b>	<b>Audit Requirements</b>	<b>Administrative Requirements</b>
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non-Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For-profit Organization other than a hospital	Program audit conducted by an independent certified public accountant shall be in accordance	

and an organization named in OMB Circular A-122 as not subject to that circular	with Governmental Auditing Standards.	
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Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available online at <http://www.tdh.state.tx.us/grants/fapmanual.pdf>.

All TDH contractors administering two or more TDH contract attachments are required to maintain integrity between the transactions affecting each contract attachment by: (1) maintaining a completely separate set of records for each contract attachment; or (2) establishing within the chart of accounts and general ledger a separate set of accounts for each contract attachment.

#### **D. Authority to Bind TDH**

For the purposes of this RFP, only the Commissioner of Health and the TDH Chief Financial Officer (or designee) may legally commit TDH to the expenditure of public funds. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed by the Procurement and Contracting Services Division.

#### **E. Contracting with Sub-recipients and Vendors**

The selected applicant may enter into grant contracts with sub-recipients or procurement contracts with vendors. The contractor is responsible to TDH for the performance of any sub-recipient or sub-grantee.

If the applicant enters into contracts with sub-recipients or procurement contracts with vendors, the documents shall be in writing and shall comply with the requirements specified in the Contracts with Sub-recipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts. The contract general provisions are available online at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

If an applicant plans to enter into a contract in which a sub-recipient or vendor will receive a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract.

#### **F. Historically Underutilized Business (HUB) Guidelines**

In accordance with Texas Government Code, Sections 2161.181-2161.182, Health and Human Service (HHS) agencies shall make a good faith effort to assist HUBs in receiving awards issued by the state. The goal of the HUB program is to promote full and equal business opportunity for all businesses in contracting with the state. It is the intent of TDH that all TDH contractors make a good faith effort to subcontract with HUBs during the performance of their contract and to report their HUB subcontract activity to TDH on a quarterly basis. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

Blank HUB forms are included in the RFP. Please read the forms carefully. Complete HUB forms should be returned with the application. All questions concerning HUBs and TDH's HUB program should be directed to the TDH HUB Coordinator at 1-800-243-7487.

The HUB rules (1 Texas Administrative Code 111.11-111.24) may be obtained by contacting the TDH HUB Coordinator or by accessing the Texas Administrative Code on the Internet at <http://www.sos.state.tx.us/tac/>.

#### **G. Contract Information**

The final funding amount and the terms of the contract shall be determined through negotiations between TDH Staff and the applicant(s). TDH reserves the right to adjust the funding allocation during the term of the contract, pursuant to the terms of the contract. Any exceptions to the requirements in the RFP shall be specifically noted and satisfactorily explained by the applicant in the application as a condition for allowing those exceptions in the contract.

#### **H. Contract Award Protest Policy**

A bidder, offeror, or applicant who alleges that TDH has failed to follow applicable statutes and rules in the procurement process may file a protest regarding an award. Information on the filing process, requirements, resolution, and appeal may be reviewed at [http://www.tdh.state.tx.us/grants/law\\_reg.htm](http://www.tdh.state.tx.us/grants/law_reg.htm).

## **CONTENT AND PREPARATION**

### **VI. APPLICATION CONTENT**

#### **A. Instructions for Preparation**

The application should be developed and submitted in accordance with the instructions outlined in this section. The application shall be:

- Single-spaced

- 12-point font on 8 1/2" x 11" paper with 1" margins.
- The original and all copies should be submitted unbound, but secured with a binder clip or with rubber bands.

All pages of the application, including any attached documents, should be consecutively numbered. The blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** shall be used. Failure to arrange the application as requested may result in disqualification of the application.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form. Forms may be electronically reproduced. However, all forms shall be identical to the original form(s) provided.

## **B. Confidential Information**

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, TDH will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception, and if a request is made by any other entity for the information marked as confidential, the information may be excepted from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code.

## **C. Table of Contents**

**THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:**

- A. Face Page - Application for Financial Assistance
- B. Application Checklist
- C. Contact Person Information
- D. Administrative Information

- E. Applicant Background and Experience
- F. Project Collaboration Requirement
- G. Assessment of Need and Program Narrative
- H. Service Information Summary
- I. Performance Measures
- J. Operating Plan
- K. Budget
- L. TDH Client Services HUB Subcontracting Plan
- M. Nonprofit Board of Directors and Executive Director Assurances Form

## VII. BLANK FORMS AND INSTRUCTIONS

To use the check box, place the pointer over the box and double click the left mouse button. In the Check Box Form Field Options, change the Default Value to Checked by clicking the circle in front of it.

### Unlocked Forms

To have the computer do the addition:

1. Completely fill out the column or row you are going to sum. If you are summing all of the totals, update the sum all of the columns and all of the rows before updating the sum of the totals.
2. Microsoft Word © will **not** update the totals automatically. Select the form field for the sum in one of the following ways:
  - Use the tab key to move from field to field or place the cursor immediately in front of the “0” or previous total with gray shading.
  - Drag the cursor over the “0” or previous total with gray shading so that only number is selected. Note: If the entire table cell is selected (black), the formula will not work and you risk deleting the form field.

**Tip:** The first time you use the forms, the totals are all “0” with gray shading. Before updating a total, zoom in until you can easily see the “0” and the gray shading.
3. Press the F9 key (usually at the top of the keyboard).
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Caution:** Never delete the form field for the total (the “0,” or previous total, with gray shading). The formulas will not work after the form field for the total is deleted. Selecting the field and typing over it will delete the field. The Backspace key will delete the field. The Delete key will delete the field.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.

## **Locked Forms**

Fill in the form by entering information in the form fields. You can use the TAB and SHIFT+TAB or the arrow keys to move between fields.

To have the computer do the addition:

1. Use the tab key to move from field to field. Completely fill out the column or row you are going to sum.
2. Microsoft Word © will **not** update the totals automatically. On the Tools menu, click Options, and then click the Print tab.
3. Under “Printing” options, click the Update fields check box. Print the document or the changed page and the new sum will be calculated.
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.





# Texas Department of Health

## FORM A: FACE PAGE – Application for Financial Assistance

*This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety.*

APPLICANT INFORMATION																
<b>1) LEGAL NAME:</b>																
<b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>																
<b>3) PAYEE Mailing Address</b> (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>																
<b>4) Federal Tax ID No.</b> (9 digit) or <b>State of Texas Comptroller Vendor ID No.</b> (14 digit):																
<b>5) TYPE OF ENTITY</b> (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community -Based Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community -Based Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual														
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<input type="checkbox"/> State Agency	<input type="checkbox"/> Community -Based Organization	<input type="checkbox"/> Private														
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____														
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																
<b>6) PROPOSED BUDGET PERIOD:</b> <span style="margin-left: 50px;"><b>Start Date:</b></span> <span style="float: right;"><b>End Date:</b></span>																
<b>7) COUNTIES SERVED BY PROJECT:</b>																
<b>8) AMOUNT OF FUNDING REQUESTED:</b>  <b>9) PROJECTED EXPENDITURES</b> Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	<b>10) PROJECT CONTACT PERSON</b> Name: Phone: Fax: E-mail:  <b>11) FINANCIAL OFFICER</b> Name: Phone: Fax: E-mail:															
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in <b>APPENDIX A: TDH Assurances and Certifications</b> . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																
<b>12) AUTHORIZED REPRESENTATIVE</b>  Name: Phone: Fax: E-mail:	<b>13) SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <b>14) DATE</b>															



## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this application. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.

14) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

## FORM B: APPLICATION CHECKLIST

**Legal Name of Applicant:** \_\_\_\_\_

*This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.*

FORM	DESCRIPTION	Included	Not Applicable
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>	
B	Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Administrative Information completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
E	Applicant Background and Experience included	<input type="checkbox"/>	
F	Project Collaboration Requirements included	<input type="checkbox"/>	
G	Assessment and Program Narrative included	<input type="checkbox"/>	
H	Service Information Summary included	<input type="checkbox"/>	
I	Performance Measures included	<input type="checkbox"/>	
J	Operating Plan included	<input type="checkbox"/>	
K	Budget Summary Form completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>	
K1-K-7	Budget Category Detail Forms completed and included	<input type="checkbox"/>	
L	TDH Client Services HUB Subcontracting Plan completed and included	<input type="checkbox"/>	<input type="checkbox"/>
M	Nonprofit Board of Directors and Executive Director Assurances form signed and included	<input type="checkbox"/>	<input type="checkbox"/>

## FORM C: CONTACT PERSON INFORMATION

Legal Name of Applicant: \_\_\_\_\_

*This form provides information about the appropriate contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Procurement and Contracting Services Division**.*

<b>Project Director:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____ _____
<b>Other contact, if applicable:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____ _____
<b>Other contact, if applicable:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____ _____
<b>Other contact, if applicable:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____ _____
<b>Other contact, if applicable:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____ _____

## FORM D: ADMINISTRATIVE INFORMATION

*This form provides information regarding identification and contract history of the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form.** If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

---

**Legal Name of Applicant:** \_\_\_\_\_

### **Identifying Information**

**1. The applicant shall attach the following information:**

**If a Governmental Entity**

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

**If a Nonprofit or For profit Corporation**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for-profit corporation.

**2. Is applicant a private, nonprofit organization?**

☐ **YES**      ☐ **NO**

*If YES, applicant shall include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.*

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS') most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid IRS Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

*If an applicant has evidence of current nonprofit status on file with a program of TDH, indicate name of program and date of filing.*

Previously Filed with: (TDH Program)

--

On (Date)

--



**FORM D: ADMINISTRATIVE INFORMATION continued**

**Conflict of Interest and Contract History**

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

- 1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

☐ YES      ☐ NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)*

- 2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

☐ YES      ☐ NO

*If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.*

- 3. Has applicant had a contract with TDH within the past 24 months?**

☐ YES      ☐ NO

*If YES, indicate the contract number(s):*

Contract Number(s)	

*If NO, applicant shall be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If audited documentation is not available, provide explanation and submit a complete copy of the most recent Federal Income Tax Return (i.e. Form 990) as filed with the Internal Revenue Service. TDH will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.*

- 4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ YES      ☐ NO

*If YES, please explain. (Attach no more than one additional page.)*

## FORM E: APPLICANT BACKGROUND AND EXPERIENCE

---

**Legal Name of Applicant:** \_\_\_\_\_

1. Applicant shall provide a narrative description including: the legal name of the applicant; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils or committees.
2. Applicant shall provide a narrative description to demonstrate the applicant's qualifications for the performance of the proposed services. Also include a description of relationships, collaboration or partnerships with other entities relating to services proposed in this application.

**Additional pages may be attached if needed.**

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## FORM F: PROJECT COLLABORATION REQUIREMENTS

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**Legal Name of Applicant:** \_\_\_\_\_

1. The applicant shall document meeting with the Regional Director(s) of Social Work Services by providing the date and a summary of the contact.
2. The applicant shall document community participation in the planning process by providing dates and summaries or attaching documentation such as letters of agreement /memoranda of understanding behind this form.
3. The applicant shall document consumer participation in the planning, such as contacts with local parent or family groups regarding this application, by providing the dates and summaries of the contacts.

**Additional pages may be attached if needed.** \_\_\_\_\_

## FORM G: ASSESSMENT of NEED and PROGRAM NARRATIVE

---

**Legal Name of Applicant:** \_\_\_\_\_

1. The applicant shall describe the process used to determine the need for the proposed services (please identify any surveys, resources, or documents used in completing this section). If the applicant intends to offer support for specialized medical/health services to allow children to attend daycare, the applicant shall provide information regarding costs of standard daycare in the proposed service area and an explanation of how the additional costs for specialized health/medical services needed for daycare participation were determined.
2. The applicant shall explain the priorities that emerged from this assessment of need.
3. The applicant shall describe the proposed services, including type of model and service array.
4. The applicant shall describe the agency's ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).
5. The applicant shall describe how the agency will provide an inclusive environment that ensures the safety of medically fragile or complex children.

**Additional pages should be attached.**

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## FORM H: SERVICE INFORMATION SUMMARY

Legal Name of Applicant: \_\_\_\_\_

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1. Target Population: Describe the population to be served, including information relating to age, conditions/disabilities, language, cultural barriers, etc.

2. Geographic Service Area: Identify the area to be served (if other than the entire counties listed on the face page of the application).

3. Estimate the unduplicated number of medically fragile or medically complex children to be served during FY04.

4. List all services proposed, the number expected to be served in each services and the estimated cost of providing each service for the year.

Service

Number to be served

Annual total cost

## FORM I: PERFORMANCE MEASURES

In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Address the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this application in developing the annual measure #2.

---

The applicant shall meet two performance measures. The first one is as follows:

**Annual Measure #1:** 60% of families served will complete a questionnaire or participate in an interview addressing satisfaction/quality of life measures.

The applicant entity shall develop a second measure specific to the proposed project. The proposed measure must be agreed upon by TDH and will be incorporated into the successful applicant/s contract. Please state the proposed performance measure below and describe the process you will use to monitor the status.

**Annual Measure #2:**

## FORM I: PERFORMANCE MEASURE Guidelines

Applicant shall include the performance measures in the application along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by applicant and TDH if applicant is selected to negotiate a contract.

Applicants shall write performance measures for project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by applicant and TDH, if applicant is selected to negotiate a contract.

Performance measures shall be specific, measurable, time-phased, and feasible. Performance measures quantify outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the applicant's obligations in order to meet its contract requirements.

Performance measures may be outcome, output, efficiency, and explanatory measures. A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a schedule or time frame; and a standard of performance. The following table provides some examples of different types of performance measures:

Type	Measure	Example
<i>Outcome</i>	<i>measures the actual impact or public benefit of an entity's actions</i>	<i>% of clients rehabilitated % decline in inappropriate ER usage % decline in school absences</i>
<i>Output or Process</i>	<i>counts the goods/services provided</i>	<i># of clients served # of clinic sessions</i>
<i>Efficiency</i>	<i>measures the cost, unit cost, or productivity associated with a given outcome or output</i>	<i>average cost per client served average time per visit</i>
<i>Explanatory</i>	<i>shows the resources used to produce services and display factors that affect entity performance</i>	<i># of clients eligible for services # and type of health services presently available # of new partnerships developed</i>

FORM J: OPERATING PLAN

Applicants shall describe a plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. The plan will detail the activities necessary to implement the proposed services including safety and training requirements, describe the strategies related to coordinating with the regional office/s, and incorporate steps for meeting your performance measures.  
Additional pages may be attached.

Legal Name of Applicant: \_\_\_\_\_

Purpose:

Goal:

Objective:

STRATEGIES/ACTION STEPS	RESPONSIBLE PERSON	START DATE	END DATE	MEASURABLE OUTCOME



## Operating Plan - continued

Legal Name of Applicant: \_\_\_\_\_

Purpose:

Goal:

Objective:

STRATEGIES/ACTION STEPS	RESPONSIBLE PERSON	START DATE	END DATE	MEASURABLE OUTCOME

## FORM K: BUDGET SUMMARY

**Legal Name of Applicant:** \_\_\_\_\_

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0
C. Travel	\$	\$	\$	\$	\$	\$ 0
D. Equipment	\$	\$	\$	\$	\$	\$ 0
E. Supplies	\$	\$	\$	\$	\$	\$ 0
F. Contractual	\$	\$	\$	\$	\$	\$ 0
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$	\$	\$	\$	\$	\$ 0
I. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
J. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
K. Total (Sum of I and J)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

**Indirect costs are based on (mark the statement that is accurate):**

- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORMKK6).
- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with TDH's Contract Policy & Monitoring Division.
- ☐ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM K7).

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from state agencies other than TDH. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

## FORM K: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.
- Column 2: Federal funds awarded directly to applicant.
- Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
- Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
- Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising, etc.).
- Column 6: The sum of columns 1-5.

### **PROGRAM INCOME**

Program Income: Projected Earnings. Applicant shall estimate the amount of program income expected to be generated, during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort that is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

$$\frac{\text{TDH's Share of Funding}}{\text{TDH's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{TDH's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions for TDH Grants Contracts and/or obtain a copy of TDH's Financial Administrative Procedures Manual from the Internet at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

### **INSTRUCTIONS:**

**Projected Earnings.** Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

#### **Examples Of Program Income**

- Fees received for personal services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;
- Sale of services such as laboratory tests or computer time;
- Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;
- Lease or rental of films or video tapes; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

## FORM K: BUDGET SUMMARY Sample

Legal Name of Applicant: Apple County Health Department

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ 4,032	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ 1,373	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment	\$ 2,060	\$ 3,050	\$ 2,050	\$ 1,500	\$ 0	\$ 8,660
E. Supplies	\$ 45,000	\$ 46,000	\$ 20,000	\$ 5,500	\$ 0	\$ 116,500
F. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
I. Total Direct Costs	\$ 144,573	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
J. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
K. Total (Sum of I and J)	\$ 146,598	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
L. Program Income --Projected Earnings	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

Indirect costs are based on (mark the statement that is accurate):

- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORM K6).
- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with TDH's Contract Policy and Monitoring Division.
- ☒ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM K7).

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

# DETAILED BUDGET CATEGORY FORMS

## General Information

### **Requirements for Categorical Budgets**

The application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms (I1-I7), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

### **General Information**

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. The manual is available on the Internet at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

### **A. Allowable and Unallowable Costs**

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or TDH policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

**DETAILED BUDGET CATEGORY FORMS,  
Allowable/Unallowable Costs continued**

**Unallowable costs**, i.e., costs that may not be paid with TDH funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of TDH;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and TDH has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

**B. Direct Costs**

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the TDH contract attachment (if applicant is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

**C. Indirect Costs**

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The amount of indirect costs that may be charged to any resulting TDH contract attachment is determined by negotiation and will be defined in the contract budget attachment.

**D. Audit Requirements**

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for TDH's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

FORM K-1: PERSONNEL Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required.				Salary Total	\$ 0	
				Fringe Benefit Rate	%	%
				FRINGE BENEFITS TOTAL		\$

## FORM K-1: PERSONNEL (MATCH) Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
<b>FRINGE BENEFITS:</b> Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required.				<b>Salary Total</b>		<b>\$</b>
				Fringe Benefit Rate      %	%	



FRINGE BENEFITS TOTAL

\$

SAMPLE

**K-1: PERSONNEL Budget Category Detail Form Sample****Legal Name of Applicant:** Apple County Health Department

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
Financial Officer (E)	5%		\$42,000	\$2,100	N	Provides financial accountability of organization
Administrative/Personnel (P)	5%		\$36,000	\$1,800	Y	Provides personnel services and training
Outreach Counselor (E)	100%		\$24,000	\$24,000	N	Provides outreach/case management services
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required. FICA 7.65% Worker's Comp 2.05% Retirement Plan 1.63% Health Insurance 3.12%				Salary Total	\$27,900	
				Fringe Benefit Rate 14.45 %		
				FRINGE BENEFITS TOTAL	\$4,032	

**PERSONNEL**

DEFINITION: The actual cost of salaries and wages paid to employees of the organization devoted to the TDH funded project. These costs are allowable to the extent that they are reasonable and conform to the established, consistently applied policy of the organization and reflect no more than the time actually devoted to the project.

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Budget Category Detail Form: functional title, whether the position is existing or proposed, % of time dedicated to the project, any certification or license an individual must possess to be qualified for the position, the total annual salary, the amount of TDH funds requested for this position's salary (% of time dedicated to the project multiplied by the annual salary), whether the position is vacant or filled, and the justification for the position. Justification may include a brief description of the position's primary responsibilities and an explanation for the % of time dedicated to the project, why the position classification is appropriate (including license/certification requirements), and an explanation of reasonableness of the annual salary.

**FRINGE BENEFITS**

DEFINITION: Fringe benefits are allowances and services provided by the organization to their employees as compensation in addition to regular salaries and wages. Fringe benefits include but are not limited to the cost of leave, employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits are allowable (in proportion to the amount of time or effort employees devote to the grant funded project), to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization.

INSTRUCTIONS: Itemize the elements of fringe benefits and indicate the % rate on the PERSONNEL Budget Category Detail Form.

## FORM K-2: TRAVEL Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

**Local Travel Costs (mileage plus per diem)**

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$		\$	\$	\$ 0	

**Conference/Workshop Costs**

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds are requested)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
							0	
							0	
							0	
							0	
							0	
							0	
<b>TOTAL for Conf/Workshop TRAVEL:</b>			\$ 0		\$ 0	\$ 0	\$ 0	

<b>Local TRAVEL Costs:</b> \$ 0	<b>Conf/Workshop TRAVEL Costs:</b> \$ 0	<b>Total TRAVEL Costs:</b> \$ 0
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**NOTE:** All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

## FORM K-2: TRAVEL (MATCH) Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

**Local Travel Costs (mileage plus per diem)**

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$		\$	\$	\$	

**Conference/Workshop Costs**

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds are requested)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
TOTAL for Conf/Workshop TRAVEL:				\$	\$	\$	\$	

Local TRAVEL Costs: \$	Conf/Workshop TRAVEL Costs: \$	Total TRAVEL Costs: \$
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**NOTE:** All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

# SAMPLE FORM K-2: TRAVEL Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

## Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$ .31	1,068	\$ 331	\$ 144	\$ 475	Executive Director – Travel to all site locations in the nineteen county area for review, monitor, evaluate, and oversee clinic operations.

## Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
Family Planning Advisory Committee Meetings (4)	Austin	1	1,735 miles x \$0.31/mile =	\$538	\$360	\$0	\$898	Clinic Services Director to attend Family Planning Committee meetings (4)
TOTAL for Conf/Workshop TRAVEL:				\$538	\$360	\$0	\$898	

Local TRAVEL Costs:	\$475	Conf/Workshop TRAVEL Costs:	\$898	Total TRAVEL Costs:	\$1,373
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**NOTE:** All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

## TRAVEL

**DEFINITION:** The cost of transportation, lodging, meals and related expenses incurred by employees of the organization while performing duties relevant to the proposed project. This includes auto mileage paid to employees on the basis of a fixed mileage rate for the use of their personal vehicle. Costs related to client- transportation and registration fees should be classified under the "Other" expense category. Travel costs incurred by a third party under contract should be included within the terms of the contract and be budgeted under the "Contractual" expense category.

**INSTRUCTIONS:** The TRAVEL Budget Category Detail Form requires information on local travel costs (travel and per diem) and information on conferences/workshops for which TDH funding is being requested. For local travel, enter the reimbursement rate for automobile mileage and the estimated number of miles to be traveled for the budget period. To calculate the total estimated local travel costs, multiply the local reimbursement rate per mile by the total estimated number of automobile miles. Enter the estimated per diem costs that may be associated with local travel and show the basis for cost (15 partial days x \$7 per partial day = \$105). The justification should include who or what position classification(s) will be traveling and why local travel is necessary to accomplish the project. For conferences/workshops, the following must be included for all attending for whom TDH funds are being requested: the name

and/or description of the conference/workshop, the location (city), the number of persons attending, estimated travel, per diem, other related travel costs (excluding registration fees) and total costs for all attending. The justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project.

FORM K-3: EQUIPMENT Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached sample for equipment definition and detailed instructions to complete this form.

DESCRIPTION OF ITEM (= \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for EQUIPMENT:		\$ 0.00	

## FORM K-3: EQUIPMENT (MATCH) Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached sample for equipment definition and detailed instructions to complete this form.

DESCRIPTION OF ITEM (= \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION

TOTAL Amount Requested for EQUIPMENT:

\$



# SAMPLE FORM K-3: EQUIPMENT Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order.

DESCRIPTION OF ITEM (= \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory	\$2,060 / 1	\$2,060	Administrative processing and billing for Community Power Point presentation on the value of Family Planning
TOTAL Amount Requested for EQUIPMENT:		\$ 2,060	

## EQUIPMENT

**DEFINITION:** Equipment is defined by TDH as non-expendable personal property with a unit cost of more than \$1,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over \$1,000.00. The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is \$500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the \$500/\$1,000 threshold.

**INSTRUCTIONS:** Enter the following information on the EQUIPMENT Budget Category Detail Form for each type of equipment item: description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the equipment is necessary and how the applicant determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order.

### EXAMPLES OF EQUIPMENT DESCRIPTIONS

**Remember:** Equipment is priced **per unit** including freight. If you intend to purchase 10 modems @ \$95 each, this would be considered a supply item not an equipment item.

#### INCORRECT EXAMPLES

Computer-850 Mhz Pentium  
1 @ \$2,150  
*(insufficient description/specification)*  
1 @ \$250 Laser Jet Printer  
*(This item would be moved to supplies  
as it is less than \$500.00).*

#### CORRECT EXAMPLES

Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory.  
1 @ \$2,150  
24" Zenith Portable TV/VCR Combination;  
Model #Z12345  
1 @ \$750



## FORM K-4: SUPPLIES Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.). See attached sample for definition of supplies and detailed instructions to complete this form.

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
<b>TOTAL Amount Requested for SUPPLIES:</b>		\$ 0.00	

## FORM K-4: SUPPLIES (MATCH) Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.). See attached sample for definition of supplies and detailed instructions to complete this form.

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
<b>TOTAL Amount Requested for SUPPLIES:</b>		\$	

**FORM K-4: SUPPLIES Budget Category Detail Form Sample****Legal Name of Applicant:** Apple County Health Department

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.).

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Office supplies	\$750 / month	\$9,000	Supports Family Planning clinic services
Pharmaceuticals	\$3,000 / month	\$36,000	Medications to serve patients
<b>TOTAL Amount Requested for SUPPLIES:</b>		<b>\$ 45,000</b>	

**SUPPLIES**

**DEFINITION:** Costs for materials and supplies necessary to carry out the program. This includes medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, software less than \$500, plus any equipment or furniture with a purchase price including freight not to exceed \$1,000 per item, except those listed in the "equipment" category.

**INSTRUCTIONS:** Enter the following information in the SUPPLIES Budget Category Detail Form for each general category or type of supplies: description of the items, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), and state the purpose for the item(s), why the supplies are necessary and how the applicant determined or will determine that the cost is reasonable.

## FORM K-5: CONTRACTUAL Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
TOTAL Amount Requested for CONTRACTUAL:					\$ 0	

## FORM K-5: CONTRACTUAL (MATCH) Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
TOTAL Amount Requested for CONTRACTUAL:					\$	

# SAMPLE FORM K-5: CONTRACTUAL Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
Dr. Bob Health, D.O.	Oversees medical services	Unit Cost	month	\$300	\$3,600	Medical Director required by TDH
Dr. Peter Paul, D.O.	Provides health history & physicals	Unit Cost	130 hours/ month	\$3,034	\$36,408	Contract physician at clinics performing medical exams
Dr. Billy Bob, D.O.	Provide professional guidance	Cost Reimburse	N/A	N/A	\$1,200	Medical Consultant
TOTAL Amount Requested for CONTRACTUAL:					\$ 41,208	

## CONTRACTUAL

**DEFINITION:** Activities identified in the scope of work that are delegated by the applicant to a third party; the cost of providing these activities is recorded in this category. Travel costs incurred by a third party while performing these activities should be included in this category. Contracts for administrative services are not included in this category; they are properly classified in the "Other" category.

If the applicant enters into grant contracts with sub-recipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Sub-recipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts which are available online at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to TDH and receive prior written approval from TDH before entering into the contract.

**INSTRUCTIONS:** The CONTRACTUAL Budget Category Detail Form requires names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable.

Justification for contracts that delegate a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.



## FORM K-6: OTHER Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

DESCRIPTION	(# of units x unit cost if applicable)	COST	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for OTHER:		\$ 0	

## FORM K-6: OTHER (MATCH) Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

DESCRIPTION	(# of units x unit cost if applicable)	COST	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for OTHER:		\$	

**FORM K-6: OTHER Budget Category Detail Form Sample****Legal Name of Applicant:** Apple County Health Department

DESCRIPTION	# of units x unit cost if applicable	COST	PURPOSE & JUSTIFICATION
Telephone (23 lines)	12 months x \$833.34 =	\$10,000	Telephone service
Printing	12 months x \$666.67 =	\$8,000	Documents, forms, letters, and literature
Single Audit	1 x \$5,000 =	\$5,000	Single Audit (TDH requirement)
TOTAL Amount Requested for OTHER:		\$ 23,000	

**OTHER**

DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

- \* contracts for administrative services;
- \* space and equipment rental;
- \* utilities and telephone expenses;
- \* data processing services;
- \* printing and reproduction expenses;
- \* postage and shipping;
- \* contract clerical or other personnel services;
- \* janitorial services;
- \* exterminating services;
- \* security services;
- \* insurance and bonds;
- \* equipment repairs or service maintenance agreements;
- \* books, periodicals, pamphlets, and memberships;
- \* advertising;
- \* registration fees;
- \* patient transportation;
- \* training costs, speakers fees and stipends.

INSTRUCTIONS: The OTHER Budget Category Detail Form requires a general description of the service, and the cost. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity. The justification should also include a statement of when services will be utilized if other than the full RFP budget period.

## FORM K-7: INDIRECT COST Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
Total Amount Requested for INDIRECT COST:	\$

# SAMPLE FORM K-7: INDIRECT COST Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
General administration and maintenance	\$2,025
Total Amount Requested for INDIRECT COST:	\$2,025

## **INDIRECT COSTS**

**DEFINITION:** Those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The applicant may negotiate an indirect cost rate with its federal cognizant agency or state-coordinating agency. If there is no assigned agency, TDH's Contract Policy and Monitoring Division (CPM) may provide guidance on how to have an agency assigned or TDH's CPM may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The TDH CPM will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the TDH CPM at (512) 458-7111 ext. 2281.

If the applicant does not have an approved indirect cost rate and does not intend to negotiate one, then funds may be budgeted in accordance with Uniform Grant Management Standards (UGMS) that reads as follows:

"In lieu of determining the actual indirect costs of the service for which a state award is made, a grantee may recover up to 10 percent of the direct salary and wage costs of providing the service (excluding overtime, shift premiums, and fringe benefits) as indirect costs, subject to adequate documentation [of direct salary and wage costs]. Applicants choosing this method of indirect cost recovery are prohibited from seeking recovery using a cost allocation plan, rate or other methods for the same period."

**INSTRUCTIONS:** Applicant should indicate the indirect cost rate (if applicable) on the BUDGET SUMMARY page and mark the box that contains the appropriate statement regarding the support for the indirect charge. If applicant attaches a copy of the most recently approved indirect cost rate, it should be placed behind the OTHER Budget Category Detail Form. If applicant has marked the box "Uniform Grants Management Standards," then an INDIRECT COST Budget Category Detail Form should be completed. The form requires a description of each type of costs and a justification. The justification should include an explanation of the purpose of the services and how it is necessary for the completion of the activity.

# FORM L-1: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-IGA)

## INSTRUCTIONS

**HUB Subcontracting Plan (HSP) Policy:** In accordance with Texas Government Code, Sections 2161.181-182, Health and Human Service (HHS) agencies shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for construction, services (including professional and consulting services), and commodity procurements. Therefore, HHS contractors shall be required to make a good faith effort to ensure that HUBs receive their respective share of the total value of all subcontract awards each fiscal year. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

**The questions below must be completed and returned by applicant with the application.**

Applicant (Agency or company) Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

TDH Grant/Contract Application Identifier: \_\_\_\_\_ CSHCN B07-0002.1

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Are you a governmental body (local government, school district, etc.) bound by HUB or MWBE mandates/requirements?
<b>Yes</b>	If "Yes", complete only the top part of this sheet and return it with your application; no further action is required.
<b>No</b>	If "No", please complete the table below.

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Is this application for more than \$100,000?
<input type="checkbox"/> <input type="checkbox"/>	If "Yes" above, do budget categories Equipment, Supplies, Contractual and Other have a combined value of \$50,000 more? <b>NOTE: If it is prudent to expect that during the initial contract period the combined subcontracting amount in these budget categories will exceed \$50,000, applicant should respond "yes".</b>
<b>Yes</b>	If "Yes" to both of the above, you MUST comply with the HUB Subcontracting Plan (HSP) Procedures listed below and document your efforts by completing the Determination of Good Faith Effort form (C-DGFE) and the Subcontractor Status Determination form (C-SSD).
<b>No</b>	If "No" to either of the above, you do not have to complete any other HUB forms; however, we encourage you to make efforts to subcontract with qualified HUBs whenever possible in connection with this contract.

### HUB Subcontracting Plan (HSP) Procedures

By implementing the following procedures, an applicant shall be presumed to have made a good faith effort to fulfill a HSP.

1. The applicant must notify at least three (3) qualified HUBs of the work that the contractor intends to subcontract. The primary source for finding certified HUBs is the General Services Commission HUB vendor file. These businesses can be located at <http://www.gsc.state.tx.us/cmb/cmbhub.html> (select HUBs on CMBL or HUBs Not on CMBL):

- The preferable method of notice shall be in writing;
- The notice must include a quantitative description of the subcontracting work and identify a location or means to review contract specifications;
- The notice must be provided to potential subcontractors prior to submission of the application;
- The applicant must provide potential subcontractors a reasonable period of time to respond to the notice. "Reasonable time" in this context is no less than five working days from receipt of the notice to respond unless circumstances require a different time period, determined by the soliciting agency and documented in the project file.

2. If it is determined that the applicant fails to provide a good faith effort to fulfill these HSP procedures, the applicant's executive director will be notified with a required date for correction of the deficiencies noted.

3. After a contract/grant award, the contractor/grantee shall report to the TDH HUB Coordinator the amount paid to its subcontractors on a quarterly basis using the Quarterly Subcontract Report form (C-QSR) provided in this application.

# FORM L-2: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-DGFE)

## DETERMINATION OF GOOD FAITH EFFORT

**Based on applicant's responses to the HUB Subcontracting Plan (HSP) form (C-IGA), applicant may be required to complete and submit this form with the application. The purpose of this form is to document applicant's good faith efforts to develop a HUB subcontracting Plan.**

1. Are you certified as a Texas Historically Underutilized Business (HUB)? ☐ Yes ☐ No
2. Do you plan to subcontract all or any portion of the contract? ☐ Yes ☐ No

If yes, you are required to complete and submit the Subcontractor Status Determination form (C-SSD).

Yes/No	The Texas Department of Health will determine if a good faith effort has been made to develop a HUB Subcontracting Plan based on the responses below	Required Documentation (to be maintained by applicant)
<input type="checkbox"/> <input type="checkbox"/>	Did your company divide the contract work into reasonable lots in accordance with standard industry practices?	Statement of compliance methodology
<input type="checkbox"/> <input type="checkbox"/>	Did your company send notices containing adequate information about bonding, insurance, plans, specifications, scope of work, and other requirements to three (3) or more qualified HUBs, allowing reasonable time for HUBs to participate effectively?	Phone Logs, Fax Transmittals, etc
<input type="checkbox"/> <input type="checkbox"/>	Did your company negotiate in good faith with qualified HUBs, not rejecting qualified HUBs who were the best value responsive bidder?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company document reasons for rejection or meet with rejected HUBs to discuss the rejection?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company advertise in general circulation, trade association, and minority/women focus media concerning subcontracting opportunities?	Copies of Advertisements
<input type="checkbox"/> <input type="checkbox"/>	If you used a source other than the GSC HUB directory, have you identified the subcontractor and the governmental certification source, and assisted the selected minority or women-owned business subcontractor to become certified by GSC?	Subcontractor Status Determination of (C-SSD)

TDH Grant/Contract Application Identifier: CSHCN B07-0002.1

Applicant (Agency or Company) Name (print): \_\_\_\_\_

Authorized Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AGENCY USE ONLY:**

It is my determination that the applicant - **HAS** \_\_\_\_\_ - **HAS NOT** \_\_\_\_\_ - determined good faith according to Texas Government Code, Sections 2161.181-182 in connection with this application. If applicant has not demonstrated good faith, attach explanation.

Reviewed by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



# FORM L-3: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-SSD)

## SUBCONTRACTOR STATUS DETERMINATION

Applicant/Prime Contractor's Name: \_\_\_\_\_

TDH Grant/Contract Identifier: CSHCN B07-0002.1

**Prime contractor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.**

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

\*A Historically Underutilized Business (HUB) is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.

# FORM L-4: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-QSR)

## QUARTERLY SUCONTRACT REPORT

**PRIME CONTRACTOR/GRANTEE INFORMATION:**

**Report Quarter:** \_\_\_\_\_

Prime Contractor/Grantee Name: \_\_\_\_\_

Vendor Identification Number: \_\_\_\_\_ Object Code (agency use): \_\_\_\_\_

TDH Grant/Contract Identifier: CSHCN B07-0002.1 Total Contract Amount: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION:**

Subcontractor Name	Vendor Identification Number	If HUB Qualified But Not Certified, Enter Qualifying Ethnicity/Gender	Description of Services/ Materials Provide	Contact Person & Telephone Number	Amount Paid This Date	Amount Paid To Date
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<b>Total Reported:</b>					\$ 0	\$ 0

Please check here ☐ if NO subcontractors have been utilized during this quarter.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

**Signature /Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send This To: Texas Department of Health  
HUB Coordinator  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3199

Quarter	Months Included	Deadline
<i>First</i>	<i>September, October, November</i>	<i>December 5<sup>th</sup></i>
<i>Second</i>	<i>December, January, February</i>	<i>March 5<sup>th</sup></i>
<i>Third</i>	<i>March, April, May</i>	<i>June 5<sup>th</sup></i>
<i>Fourth</i>	<i>June, July, August</i>	<i>September 5<sup>th</sup></i>

## FORM M: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

*If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be kept at the organization and be available for inspection by TDH staff.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.
- L. The organization will administer any contract executed with the Texas Department of Health in accordance with applicable federal statutes and regulations, including federal grant requirements applicable to funding sources, Uniform Grants Management Standards issued by the Governor's Office, applicable Office of Management and Budget Circulars, applicable Code of Federal Regulations, and provisions of the contract document.

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\*Chairman of the Board Signature/Date

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\*President or Executive Director Signature/Date

\*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

## **APPENDIX A**

### **TDH ASSURANCES AND CERTIFICATIONS**

**Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the awarding program within TDH.**

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**As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:**

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allow ability determination; and source documentation;
3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a sub-grantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;

11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the clients confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
  - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
  - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
  - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.; and
  - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
15. Will comply with the Uniform Grant Management Act (UGCMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply, if applicable, with TFC, § 231.006, regarding Child Support, certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate.
18. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
19. Will comply with environmental standards prescribed pursuant to the following:
  - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;"
  - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans;"
  - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.;
  - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;

20. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
21. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
22. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
23. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
24. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs that are incurred in conducting an assistance project;
25. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
26. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:
  - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
  - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions.

27. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a

SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Texas Department of Health.
- (c) The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.<sup>28</sup> Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

## **APPENDIX B**

### **REGIONAL DIRECTORS OF SOCIAL WORK SERVICES**

#### **PUBLIC HEALTH REGION 1**

Kathy Thomas  
Regional Director of Social Work  
Texas Dept. of Health  
P.O. Box 968  
West Texas State University Station  
Canyon, Texas 79016  
Telephone: (806) 655-7151

#### **PUBLIC HEALTH REGIONS 2 & 3**

Crystal Womack  
Regional Director of Social Work  
Texas Dept. of Health  
1301 South Bowen Road, Suite 200  
Arlington, Texas 76013  
Telephone: (817) 264-4632

#### **PUBLIC HEALTH REGIONS 4 & 5 North**

Judy Porter  
Regional Director of Social Work  
Texas Dept. of Health  
1517 West Front Street  
Tyler, Texas 75702  
Telephone: (903) 595-3585

#### **PUBLIC HEALTH REGION 5 South & 6**

Raymond Turner  
Regional Director of Social Work  
Texas Dept. of Health  
5425 Polk, Suite J - CIDC/SW  
Houston, TX 77023-1497  
Telephone: (713) 767-3110

#### **PUBLIC HEALTH REGION 7**

Leslie Anderson  
Regional Director of Social Work  
Texas Dept. of Health  
2408 South 37th Street  
Temple, Texas 76504 -7168  
Telephone: (254) 778-6744

#### **PUBLIC HEALTH REGION 8**

Vicky Contreras  
Regional Director of Social Work  
Texas Dept. of Health  
7430 Louis Pasteur Drive  
San Antonio, TX 78229  
Telephone: (210) 949-2000

#### **PUBLIC HEALTH REGION 9 & 10**

Lois Flynn  
Regional Director of Social Work  
Texas Dept. of Health  
P.O. Box 9428  
El Paso, TX 79984-0428  
Telephone: (915) 834-7694

#### **PUBLIC HEALTH REGION 11**

R. Scott Horney  
Regional Director of Social Work  
Texas Dept. of Health  
601 West Sesame Drive  
Harlingen, TX 78550  
Telephone: (956) 423-0130





# **CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

## **Request for Proposals**

**For Family Support Services for Children who  
are Medically Fragile and Medically Complex**

**<http://tdh.state.tx.us/cshcn>**

**#RFP-R07-0002.1**

**FY2004**

**Issue Date: August 8, 2003  
Due Date for Proposals: September 15, 2003**

**1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199  
August 2003**

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**George McClesky, B.B.A., J.D..  
Chair, Texas Board of Health**

**Eduardo J. Sanchez, M.D., M.P.H.  
Commissioner**

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